Preventative Maintenance (PM) Checklist
Surgical Table Top, Axis Jackson System
Model: 6977
Work Instruction Number 50603-14

Contact Information:

Date: _____Model/Serial#: _____ Account #: _____

Hospital Name: _____ City & State: _____

Contact Name: _____ Position: _____ Phone: _____

Equipment Location: _____

Service Representative: _____ Service Organization: _____

Service Rep. phone: _____ Home location: _____

Customer contact accepting service: _____ _____ _____
Name please print Signature Date

Service Representative: _____ _____ _____
Name please print Signature Date

Using this report: Please proceed through each step and place an "x" in the "( )" as each item representing **Pass Fail ( ) ( )** criteria is inspected. If a step has failed, please indicate with an "x" and note the reasons in the comments section. If you resolve the failure place an "x" in the "Pass" area and indicate the corrective action again in the comments section. If you are unable to perform any Pass/Fail check, please contact Mizuhosi Technical Services for assistance and circle the check.

Biohazards when servicing equipment: Please take appropriate precautions for servicing potentially biohazard contaminated equipment or working in biohazard surroundings. Please wear protective surgical gloves and long sleeved gowns at all times. If your gloves or protective clothing tears, replace immediately. Have the hospital staff clean the equipment appropriately prior to servicing. Clean your tools that may become contaminated with biohazards prior to placing back in your tool kit for removal from the location. If you suspect biohazards are present, do not handle until they have been cleaned.

(If serviced by an outside service organization, the record must be reviewed, signed, and dated by Technical Services Dept. Refer to last page of this document).

Tools Required:

Normal hand tools

Digital Level

Reference Documentation Required:

NW0507 - 6977 Axis Jackson System Owners' Manual

Note:

The Axis Jackson System Top must be properly attached to a Mizuhosi model 5803 Advanced Control Modular Base for proper operation for this Preventative Maintenance check.

6977 Axis Top Check

Pass Fail

1. General Overall Condition.

1.1 ( ) ( ) Tabletop base is clean, without signs of hazardous contamination, is consistent with proper care.
Comments: _____

1.2 ( ) ( ) Visually check Axis top assembly for cracks and/or any other abnormality.
Comments: _____

2. Controller box inspection (The black controller box is mounted at the foot end of the table).

2.1 ( ) ( ) Check that the on-off breaker switch is not torn or pierced.
Comments: _____

2.2 ( ) ( ) Check that the power entry module prongs are not broken or missing.
Comments: _____

2.3 ( ) ( ) Check that the fuse (30A) is not tripped and its cover should not be torn or pierced.
Comments: _____

2.4 ( ) ( ) Verify Head-End Support Cable (color coded white) is connected to the Head-End Support Assy.
Comments: _____

2.5 ( ) ( ) Verify the Foot-Elevator Cable (color coded brown) is connected to the Foot-End Support Assy.
Comments: _____

2.6 ( ) ( ) Verify the Hinged Frame Cable (color coded blue) is connected to the Axis Frame Assy.
Comments: _____

2.7 ( ) ( ) Check the ACP Tubing is connected to the ACP Tubing port.
Comments: _____

2.8.( ) ( ) On the back end of the controller box , check that the emergency elevator crank and hinge crank are present.

Comments: _____

2.9 ( ) ( ) Insert a Hospital Grade power cord w/tag into power entry module and toggle the switch on, a green light next to the switch illuminates.

Comments: _____

3. Air Flow inspection (The ACP Control Panel graphically illustrates 4 pre-programmed cycles).

3.1 ( ) ( ) Check air flow output at the port of the Pump Control Box by firmly holding a rubber glove over the tubing output port of the Pump Control Box and confirm air flow output.

Comments: _____

3.2 ( ) ( ) Pressing the Cycle Selector Button, verify each cycles function operates.

Comments: _____

3.3 ( ) ( ) Depress the emergency stop button, verify backlights on hand pendant are not lit and all features on the table are non-functioning, and an audible beeping sound is heard.

Comments: _____

3.4 ( ) ( ) Check that the air pump continues to operate in the emergency shut-off mode.

Comments: _____

4. Axis Hand pendant , 5803 hand pendant, and Hand Pendant Holster inspection.

4.1 ( ) ( ) Check Hand Pendant Holster for any cracks and/or any other abnormality.

Comments: _____

4.2 ( ) ( ) Verify Axis and 5803 hand pendant are lit up and no Red Fault light.

Comments: _____

4.3 ( ) ( ) Verify the following button functions operate on 5803 hand pendant.

- Height Up / Down
- Trendelenburg / Rev Tren
- Verify Tilt Drive Status indicator remains illuminated

Comments: _____

4.4 ( ) ( ) Verify the following button functions operate on Axis hand pendant.

- Hinge Up – first button to your left (foot elevator goes down and frame flex to +35)
- Hinge Down – first button to your right (foot elevator goes up and frame flex to -20)
- V Hinge Up – 2nd button to your left (frame flexes up to its maximum +35)
- V Hinge Down – 2nd button to your right (frame flexes down to its maximum -20)
- Foot Elevator Up – 3rd button to your right (run to its maximum limit)
- Foot Elevator Down – 3rd button to your left (run to its maximum limit)

- Left Lateral Roll / Right Lateral Roll (run to its limit 12deg)
- Return to Home (verify all function goes back to neutral, the display reads +00 and 3 indicators are lit on the hand control)

Comments: _____

5. Standard Components (check for tears, rips, or puncture).

5.1 ( ) ( ) Chest Tray, Bilateral Winged Chest Pad with ACP

Comments: _____

5.2 ( ) ( ) Hip / Thigh Pad, Left, Hip / Thigh Pad, Right

Comments: _____

5.3 ( ) ( ) Removable Foot Board

Comments: _____

5.4 ( ) ( ) Tempur-med Positioning Pillow

Comments: _____

5.5 ( ) ( ) Supine Top, Head Section, Supine Top, Foot Section

Comments: _____

5.6 ( ) ( ) Supine Top Tempur-med Pad

Comments: _____

This section is for Technical Services use only.

Reviewed**:** _____ Signature: _____ Date: _____